

# Indiana Patient Registry Training

## Entering Patient Information – Indiana Trauma Form

This is a condensed version of the detailed training material for the Indiana Trauma Form.

# Demographics Screen

Demographics Injury Pre-Hospital ED / Acute Care Initial Assessment Diagnoses Comorbidity Procedures Complications Outcome Information

▼ Edit Incident » Indiana Trauma Form » IT-130926-205 Mark As Completed

Validity: 99%  
Status: In Progress  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Trauma Registry #: IT-130926-205  
Patient: Smith, JoBeth L  
Medical Record Number: test  
NTR Inclusion: Yes  
Updated: 10/25/13 by Katherine Gatz

Medical Record Number: test Trauma Registry #: IT-130926-205

Injury Date  
Incident Date: 09/25/2013 Time: 0100

Patient Information

Last Name: Smith  
Patient's First Name: JoBeth  
Middle Initial: L  
Date of Birth: 08 / 01 / 1988 Age (at date of incident): 27  
Age Units: Years  
Race (Up to two): White  
Other Race:  
Ethnicity: Not Hispanic or Latino  
Gender: Female  
Height in inches: 60 Height: 152  
Estimated Body Weight: 125.0 lbs 56.70 Kg  
Address: 1234 cherry street  
Country: United States  
Favorite Locations:  
Postal Code: 46062  
Add to Favorite Locations  
City: Noblesville County: Hamilton State: Indiana  
Alternate Residence: Not Applicable  
Would you like to participate in the follow up survey? No  
Save Save and Continue

You know you are on the “Demographics” tab when the tab is highlighted. The information on the screen should be the same as what you see here.

## Demographics Screen – Date/Time Helper

The screenshot displays the IMAGE TREND Patient Registry interface. The top navigation bar includes links for Facilities, Data Exchange, Report Writer, and More. Below this, the main menu features Dashboard, Incidents, Staff, Users, and Setup. The Demographics tab is active, showing a breadcrumb trail: Edit Incident » Indiana Trauma Form » IT-130926-205. The form details include: Validity: 99%, Status: Completed, Lock: Unlocked (with a dropdown arrow), Import Status: Typed In, and Entered: 09/26/13 by Katie Gatz. A yellow status bar indicates 'Status: Unlocked' and 'User: Katherine Gatz'. The Medical Record Number field contains 'test' and is marked with a red asterisk. The Trauma Registry # is IT-130926-205, also marked with a red asterisk. The Injury Date section shows Incident Date as 09/25/2013 and Time as 0100, both marked with red asterisks. A Date/Time Helper button is visible next to the time field. The Patient Information section is partially visible at the bottom.

Facilities Data Exchange Report Writer More ▾

**IMAGE TREND**  
PATIENT REGISTRY

Dashboard Incidents Staff Users Setup

Demographics Injury Pre-Hospital ED / Acute Care Initial Assessment Diagnoses

▼ Edit Incident » Indiana Trauma Form » IT-130926-205

Validity: 99%  
Status: Completed  
Lock: Unlocked ▾  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Status: 'Unlocked' User: 'Katherine Gatz'

Medical Record Number  Trauma Registry # IT-130926-205

**Injury Date**

Incident Date  Time

**Patient Information**

There is a tool called “Date/Time Helper” that will allow you to capture the dates of specific activities all at once. You can always go back and change this information as you complete the patient form, but it helps reduce the number of times you have to enter the date and time.

## Demographics Screen – Date/Time Helper (2)

Medical Record Number: test  
NTR Inclusion: Yes  
Updated: 10/25/13

**Auto Populate Date Fields**

Incident Date 09/25/2013 0100

This date/time will be used to auto-populate the fields listed below.  
(Click on the Label to populate)

	Dates	Times
Date Discharged from ED	09/25/2013	0400
Date Arrived in ED/Acute Care	09/25/2013	0200
Date Trauma Team Activated		
Date Sent To CT		
Abdominal Ultrasound Date		
Blood Ordered Date		
Crossmatch Date		
Blood Administered Date		

You can click into any date field to change to a different date or to delete the auto-populate

Save Close

When you click on the purple clock icon, the “Auto Populate Data Fields” box appears. To auto-populated the “Date Arrived in the ED/Acute Care” date and time, click on the title and you will see the Date and Time appear. You can also manually enter each date and time. Once you are done, click “Submit”.



## Demographics Screen – Other Race

**Patient Information**

Last Name:

Patient's First Name:

Middle Initial:

Date of Birth:  /  /  \* Age (at date of incident):  \* Age Units:  \*

Race (Up to two):     \* Ethnicity:  \* Gender:  \*

Other Race:

Height in inches:  \* Height:  \* Estimated Body Weight:  lbs  Kg \* Address:  Favorite Locations:

Country:  \* Postal Code:  \* Add to Favorite Locations: ☐ \* City:  \* County:  \* State:  \*

Alternate Residence:  \* Would you like to participate in the follow up survey?  \*

If “Other Race” is selected in the “Race” element, a new data element will appear on the form that will allow you to textually enter the patient’s race.

## Demographics Screen – Add to Favorite Locations

**Patient Information**

Last Name:

Patient's First Name:

Middle Initial:

Date of Birth:  /  /  \* Age (at date of incident):  \* Age Units:  \*

Race (Up to two):     \* Ethnicity:  \* Gender:  \*

Other Race:

Height in inches:  \* Height:  \* Estimated Body Weight:  lbs  Kg \*

Address:

Country:  \* Favorite Locations:

Postal Code:

☒ Add to Favorite Locations \* City:  County:  State:  \*

Alternate Residence:  \*

Would you like to participate in the follow up survey?  \*

When the Postal Code is entered, it will auto-generate the patient's city, county, and state. You have the option to "Add to Favorite Locations" in order to make the ZIP code, city, county, and state a part of the "Favorite Locations" drop-down menu in the future.

## Demographics Screen – Lookup

**Lookup**

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State: Indiana  
County: Adams  
City:   
Postal Code:

City	County	State ▲	Postal Code
Adams (County)	Adams	IN	
Berne	Adams	IN	46711
Berne	Adams	IN	46769
Bingen	Adams	IN	
Blue Creek (Township of)	Adams	IN	
Bobo	Adams	IN	
Ceylon	Adams	IN	46740
Coppess Corner	Adams	IN	46772
Decatur	Adams	IN	46733
Elm Tree Crossroads	Adams	IN	

The "Lookup" function allows you to search for information regarding the patient's residential location based on the information you know. Once you enter the information you know, click the "Search" button and it will generate a list of options. Clicking on the City will populate that information in to the run form.

# Demographics Screen – Save and Continue

**Patient Information**

Last Name:

Patient's First Name:

Middle Initial:

Date of Birth:  /  /  \* Age (at date of incident):  \* Age Units:  \*

Race (Up to two):     \* Ethnicity:  \* Gender:  \*

Other Race:

Height in inches:  \* Height:  \* Estimated Body Weight:  lbs  Kg \*

Address:  Favorite Locations:

Country:  \* Postal Code:

☐ Add to Favorite Locations

City:  \* County:  \* State:  \*

Alternate Residence:  \*

Would you like to participate in the follow up survey?  \*

Click the “Save and Continue” button to save the information just entered and to continue to the next tab.

## Injury Screen – Work-Related

Demographics	Injury	Pre-Hospital	ED / Acute Care	Initial Assessment
--------------	--------	--------------	-----------------	--------------------

▼ Edit Incident » Indiana Trauma Form » IT-130926-205

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

**Injury Location**

Location Site: E849.0 - Home/Residence \*

Favorite Location: \*

Postal Code: 46062 \* Country: United States \*

City: Noblesville \* County: Hamilton \* State: Indiana \* [Lookup](#)

☐ Add to Favorite Locations

Work Related: Yes \*

Patient Occupational Industry: Not Applicable \*

Industry Description: \*

Occupation: Not Applicable \*

Occupation Description: \*

If “Other” is selected in the “Work-Related” element, four new data elements will appear on the form that will allow you to further explain the occupation of the patient.

## Injury Screen – E-Code Lookup

**Cause of injury**

E-Code	Description	Intentionality	Trauma Type
E966	(Primary) ...	Assault	Penetrating

E-Code:  **Lookup**

**Equipment**

Airbag Present:  Not Applicable  \* Child Restraint:  Not Applicable  \* Three Point Restraint:  Not Applicable  \* Lap Belt:  Not Applicable  \* Shoulder Belt:  Not Applicable  \*

Personal Floatation:  Not Applicable  \* Eye Protection:  Not Applicable  \* Helmet:  Not Applicable  \* Protective Clothing:  Not Applicable  \* Protective Non-Clothing Gear:  Not Applicable  \*

Other:  Not Applicable  \*

The “ICD-9 Code” element is the E-code used to describe the mechanism (or external factor) that caused the injury event. The “Lookup” function helps you find an E-code.

## Injury Screen – E-Code Lookup (2)

ICD-9 Code Lookup - Cause of Injury

Cause of Injury - ICD-9 Code Lookup

Search By Code Browse By Category Top Selected Codes

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

ICD-9 Cause of Injury

-- Please Select --

Clear Close

The "Lookup" function allows you to: 1) Search by code 2) Browse by Category or 3) Choose from the Top Selected Codes

When you click on "Browse by Category", you can select from a series of drop-down menus until you find the E-code you are looking for.

## Injury Screen – E-Code Lookup (3)

ICD-9 Code Lookup - Cause of Injury

Cause of Injury - ICD-9 Code Lookup

Search By Code | Browse By Category | Top Selected Codes

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

**Search By Code**

ICD-9 Code: E

Description: contains all

Search Clear

Close

When you click on "Search by Code", you can type in key words to help you find the E-code you are looking for.



## Injury Screen – E-Code Lookup (4)

ICD-9 Code Lookup - Cause of Injury

Cause of Injury - ICD-9 Code Lookup

Search By Code Browse By Category Top Selected Codes

Click the [icon] below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
E885.9	Fall Oth	1937
E888.9	Unspec Fall	1264
E812.0	Mva Collision Unspec Driver	505
E880.9	Fall On Stair/step Oth	325
E884.9	Fall One Level To Anoth	226
E917.9	Struck By Obj/person Oth	208
E812.1	Mva Collision Unspec Passenger	197
E888.8	Oth Fall	168
E811.0	Reentrant Mva Collision Driver	155
E928.8	Accident Oth	150
E816.0	Loss Control Mva Acc Driv	142
E881.0	Fall From Ladder	138
E956	Suicide Injury By Cut Inst	127
E884.4	Fall From Bed	125
E888.1	Fall Against Oth	123
E960.0	Unarmed Fight Or Brawl	111
E950.3	Suicide Psychotopic Agent	106
E886.9	Fall On Level Oth	103
E928.9	Accident Unspec	95
E826.1	Ped Cycle Accident Ped Cyclist	93

1-20 of 1282 >>

Close

When you click on “Top Selected Codes”, you are shown a list of the most frequent E-Codes used in the Indiana Patient Registry that can help you find the E-code you are looking for.

## Injury Screen – Additional E-Codes

**Cause of injury**

E-Code	Description	Intentionality	Trauma Type
⬇	E966 (Primary) Assault Cutting Instr	Assault	Penetrating
⬇	E888.8 Oth Fall		

E-Code:

**Equipment**

Airbag Present:

Child Restraint:

Three Point Restraint:

Lap Belt:

Shoulder Belt:

Personal Floatation:

Eye Protection:

Helmet:

Protective Clothing:

Protective Non-Clothing Gear:

Other:

Once you have entered multiple E-codes, you can change the order of the E-codes by clicking and dragging the black arrows on the left-hand side of the screen. Remember that the first E-code listed will be considered the Primary E-Code (primary mechanism that caused the injury event).

Delete an E-Code by clicking on the red X Icon on the right-hand side of the screen.

When you change the order of the E-codes, click the “Save Order” button in order to save the changes you just made.

## Injury Screen – Airbag Present

Cause of injury			
E-Code	Description	Intentionality	Trauma Type
⚡ E966	(Primary) Assault Cutting Instr	Assault	Penetrating
⚡ E888.8	Oth Fall		

E-Code:

Equipment				
Airbag Present: Yes	Child Restraint: Not Applicable	Three Point Restraint: Not Applicable	Lap Belt: Not Applicable	Shoulder Belt: Not Applicable
Airbag not Deployed: Not Applicable	Airbag Deployed Side: Not Applicable	Airbag Deployed Front: Not Applicable	Airbag Deployed Other: Not Applicable	
Personal Floatation: Not Applicable	Eye Protection: Not Applicable	Helmet: Not Applicable	Protective Clothing: Not Applicable	Protective Non-Clothing Gear: Not Applicable
Other: Not Applicable				

If “Yes” is selected in the “Airbag Present” element, four new data elements will appear on the form that will allow you to further explain which Airbag Deployed. These are national data elements.

## Injury Screen – Child Restraint

Cause of injury			
E-Code	Description	Intentionality	Trauma Type
⚡ E966	(Primary) Assault Cutting Instr	Assault	Penetrating
⚡ E888.8	Oth Fall		

E-Code:

Equipment					
Airbag Present:	Not Applicable	Child Restraint:	Yes	Three Point Restraint:	Not Applicable
Infant Car Seat:	Not Applicable	Child Car Seat:	Not Applicable	Child Booster Seat:	Not Applicable
Personal Floatation:	Not Applicable	Eye Protection:	Not Applicable	Helmet:	Not Applicable
Other:	Not Applicable			Protective Clothing:	Not Applicable
				Protective Non-Clothing Gear:	Not Applicable

If “Yes” is selected in the “Child Restraint” element, four new data elements will appear on the form that will allow you to further explain what type of Child Restraint was in use. These are national data elements.

## Injury Screen – Other

Cause of injury			
E-Code	Description	Intentionality	Trauma Type
⚡ E966	(Primary) Assault Cutting Instr	Assault	Penetrating
⚡ E888.8	Oth Fall		

E-Code:

Equipment							
Airbag Present:	Not Applicable	Child Restraint:	Yes	Three Point Restraint:	Not Applicable	Lap Belt:	Not Applicable
Infant Car Seat:	Not Applicable	Child Car Seat:	Not Applicable	Child Booster Seat:	Not Applicable	Shoulder Belt:	Not Applicable
Personal Floatation:	Not Applicable	Eye Protection:	Not Applicable	Helmet:	Not Applicable	Protective Clothing:	Not Applicable
Other:	Yes	Safety Equipment Description:	<input type="text"/>				

If “Yes” is selected in the “Other” element, one new data element will appear on the form that will allow you to further explain in a text format what type of protective equipment was in use.

## Pre-Hospital Screen – EMS Service Look Up

The screenshot displays a web-based form for EMS service lookup. At the top, there are input fields for 'Run Number' and 'EMS PCR Number', followed by a 'Service' dropdown menu with a 'Favorites' button and a '-- Select Service --' dropdown. To the right are fields for 'EMS Dispatch Date', 'Time', and 'Arrival Time at:'. Below these are several dropdown menus for medical services: 'Tube Thoracostomy', 'Needle Thoracostomy', 'Fluids', 'EMS Status', 'CPR Performed', 'Airway Management', and 'Destination Determination'. All these dropdowns are currently set to 'Not Applicable'. A 'Medications:' label is also present. At the bottom right, there are two buttons: 'Add EMS Run' and 'Search EMS Run'. A tooltip labeled 'EMS Service LookUp' is visible over the 'Search EMS Run' button. At the very bottom, there is a note: '\* Please Click On [Vital Signs Icon] To Add/Edit PreHospital Vitals' and another note: '\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or'.

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at:
		Favorites -- Select Service --			
Tube Thoracostomy:	Not Applicable		CPR Performed:	Not Applicable	
Needle Thoracostomy:	Not Applicable		Airway Management:	Not Applicable	
Fluids:	Not Applicable		Destination Determination:	Not Applicable	
EMS Status:	Not Applicable				

**Add EMS Run** **Search EMS Run**

\* Please Click On To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or

The “EMS Service Lookup” function allows you to search for information regarding EMS Services.

## Pre-Hospital Screen – EMS Service Look Up (2)

State: IN  
County: Adams  
City:  
Postal Code:  
Service Name: begins with  
Provider Number: begins with  
Search Clear Exit

State	City	Provider #	Service Name
IN	Decatur	0078	Adams County EMS
IN	Adams (County)	1091	Bippus FD
IN	Decatur	0854	Decatur FD
IN	Geneva	0850	Geneva VFD
IN	Adams (County)	0551	Lauramie Township EMS (Clarks Hill)
IN	Monroe	0853	Monroe VFD
IN	Preble	0859	Preble Volunteer Fire Fighting Association Inc

1-7 of 7

Close

Destination Determination: Not Applicable

Once you enter the information you know, click the “Search” button and it will generate a list of options.


Once you enter the information you know, click the “Search” button and it will generate a list of options. Clicking on the Service Name will populate that information in to the run form.

## Pre-Hospital Screen – Medications

EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable

Not Applicable	Medications:
Not Applicable	
Not Applicable	

Please Click On  To Add/Edit PreHospital Vitals  
In order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

The “Add Medications” element is where medications given to the patient while under the care of EMS are listed.



## Pre-Hospital Screen – Medications (2)

**Add Drugs**


A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> ACLS drugs	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Adenosine	<input type="checkbox"/> Flagyl (Metronidazole)	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Albuterol	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Geodon (Ziprasidone)	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Ancef (Cefazolin)	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Anectine (Succinylcholine)	<input type="checkbox"/> Haldol (Haloperidol)	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Antibiotic	<input type="checkbox"/> Heparin	<input type="checkbox"/> Phytonadione (Vitamin K)
<input type="checkbox"/> Aspirin (ASA)	<input type="checkbox"/> Inderal (Propranolol)	<input type="checkbox"/> Prasugrel
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/> Insulin	<input type="checkbox"/> Procainamide
<input type="checkbox"/> Atracurium	<input type="checkbox"/> Isuprel (Isoproterenol)	<input type="checkbox"/> Propofol
<input type="checkbox"/> Atropine	<input type="checkbox"/> Lasix (Furosemide)	<input type="checkbox"/> Protonix (Pantoprazole)
<input type="checkbox"/> Atrovent (Ipratropium)	<input type="checkbox"/> Levaquin (Levofloxacin)	<input type="checkbox"/> Rapid Sequence Induction
<input type="checkbox"/> Benadryl (Diphenhydramine)	<input type="checkbox"/> Levophed (Norepinephrine)	<input type="checkbox"/> Reglan (Metoclopramide)
<input type="checkbox"/> Bretylium	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Rocephin (Ceftriaxone)
<input type="checkbox"/> Calcium chloride	<input type="checkbox"/> Lovenox (Enoxaparin)	<input type="checkbox"/> Sodium bicarbonate
<input type="checkbox"/> Cardizem (Diltiazem)	<input type="checkbox"/> Magnesium Sulfate	<input type="checkbox"/> Sodium nitroprusside
<input type="checkbox"/> Cerebyx (Fosphenytoin)	<input type="checkbox"/> Mannitol	<input type="checkbox"/> Tetanus (TT, DT, or DPT)
<input type="checkbox"/> Chest tube	<input type="checkbox"/> Methylprednisolone	<input type="checkbox"/> Thiamine (Vitamin B1)

The “Add Medications” element is where medications given to the patient while under the care of EMS are listed. When you click on the “Add Medications” button, it pulls up a list of medications to choose from. You can select multiple boxes that apply to the patient. When you are done selecting medications, click the “Save” button to return to the main Pre-Hospital Screen.

## Pre-Hospital Screen – Add EMS Run

EMS Dispatch	Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hosp
No EMS Runs Have Been Entered					
-- Select Service --					
CPR Performed:	Not Applicable				
Airway Management:	Not Applicable				
Destination Determination:	Not Applicable				
			Medications:		
			<div></div>		
			<div>Add Medication</div>		
<div>Add EMS Run</div>			<div>Search EMS Run</div>		
* Please Click On  To Add/Edit PreHospital Vitals					
* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time					

Once you have entered the specific information regarding the EMS Run, click “Add EMS Run” to save the information. Please note that you must enter a Unit Notified Date” in order to save the Unit Notified Time, Arrive Scene Time, or Leave Scene Time.

## Pre-Hospital Screen – Add or Edit Vitals

Run Number EMS PCR Number Service EMS Dispatch Date Time Arrival Time at Scene Unit Departure Time Arrive Hospital Transport Mode

Albany EMS Inc 09/01/2013 0010 0020 0030 0040 Ambulance

CPR Performed: Not Applicable Airway Management: Not Applicable Tube Thoracostomy: Not Applicable Needle Thoracostomy: Not Applicable

Fluids: Not Applicable Response Time: 10 min.(s) Scene Time: 10 min.(s) Transport Time: 10 min.(s) Destination Determination: Not Applicable

Medications:

Eye	Verbal	Motor	GCS Qualifiers	BP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS

Run Number EMS PCR Number Service EMS Dispatch Date Time Arrival Time at Scene Unit Departure Time Arrive Hospital Transport Mode

Favorites -- Select Service --

Tube Thoracostomy: Not Applicable CPR Performed: Not Applicable Medications:

Needle Thoracostomy: Not Applicable Airway Management: Not Applicable

Fluids: Not Applicable Destination Determination: Not Applicable

EMS Status: Not Applicable

Add Medication

Add EMS Run Search EMS Run

\* Please Click On To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

Back Save Save and Continue

Once you have clicked “Add EMS Run”, the screen will refresh and you will see a yellow box in the middle of the screen. On the left-hand side of the screen there is an EKG icon that allows you to add Pre-Hospital vitals. The clipboard and pencil icon allows you to edit Pre-Hospital vitals.

## Pre-Hospital Screen – Vitals Date

Indiana Trauma Form » 11-130926-205

State of Indiana [US] https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=19&formname=runform&incidentid=1618493&...

No Vitals Have Been Entered

Vitals Date: 09/01/2013 Time: (HH:MM) [Green Arrow Icon]

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable \* Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3): Not Applicable

Options for GCS Qualifier: Patient Chemically Sedated, Obstruction to the Patients Eye, Patient Intubated

Buttons: Add Vital Sign, Save Order, Cancel, Close

The “Vitals Date” element can also be auto-populated by clicking on the Green Arrow titled “Populate from Date Arrived in ED” if the date is the same for first vitals recorded and ED arrival.

## ED / Acute Care Screen – ED Discharge Disposition

Demographics	Injury	Pre-Hospital	ED / Acute Care	Initial Assessment	Diagnoses	Comorbidity
--------------	--------	--------------	-----------------	--------------------	-----------	-------------

▼ Edit Incident » Indiana Trauma Form » IT-130926-205

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Trauma Reg  
Medical Record I  
NTR Ir  
t

### ED / Acute Care

Date Arrived in ED/Acute Care: 09/25/2013 ED/Hospital Arrival Time: 0200 \*

Date Discharged from ED: 09/25/2013 \* Discharge Time: 0400 \*

Length of Stay: 0 Day(s) 2 Hour(s) 0 Min(s)

ED Disposition: Died / Expired \*

Signs of Life: Not Applicable \*

Back Save Save and Continue

If “Died” is selected in the “ED Disposition” element, one new data element will appear on the form that will allow you to further explain the details of the death.

## ED / Acute Care Screen – ED Discharge Disposition (2)

The screenshot shows a web-based form titled "ED / Acute Care Screen – ED Discharge Disposition (2)". At the top, there is a navigation bar with tabs: Demographics, Injury, Pre-Hospital, ED / Acute Care (highlighted), Initial Assessment, Diagnoses, and Comorbidity. Below the navigation bar, the form is titled "▼ Edit Incident » Indiana Trauma Form » IT-130926-205".

On the right side of the form, there are links: "Trauma Re", "Medical Record", and "NTR".

The main section of the form is titled "ED / Acute Care". It contains the following fields:

- Validity:** 99%
- Status:** Completed
- Lock:** Unlocked (dropdown menu)
- Import Status:** Typed In
- Entered:** 09/26/13 by Katie Gatz

Below these fields, there are two rows of date and time inputs:

- Date Arrived in ED/Acute Care:** 09/25/2013 (calendar icon) **ED/Hospital Arrival Time:** 0200 \*
- Date Discharged from ED:** 09/25/2013 (calendar icon) \* **Discharge Time:** 0400 \*

Below these, there is a **Length of Stay:** 0 Day(s) 2 Hour(s) 0 Min(s).

There are two dropdown menus for disposition:

- ED Disposition:** Operating room \*
- OR Discharge Disposition:** Not Applicable \*

At the bottom of the form, there are three buttons: "← Back", "Save", and "Save and Continue".

If "Operating Room" is selected in the "ED Disposition" element, one new data element will appear on the form that will allow you to further explain the details of the disposition in the Operating Room.

## ED / Acute Care Screen – ED Discharge Disposition (3)

Demographics	Injury	Pre-Hospital	ED / Acute Care	Initial Assessment	Diagnoses	Comorbid
--------------	--------	--------------	-----------------	--------------------	-----------	----------

**▼ Edit Incident » Indiana Trauma Form » IT-130926-205**

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Trauma  
Medical Rec  
NT

**ED / Acute Care**

Date Arrived in ED/Acute Care: 09/25/2013  
ED/Hospital Arrival Time: 0200  
Date Discharged from ED: 09/25/2013  
Discharge Time: 0400  
Length of Stay: 0 Day(s) 2 Hour(s) 0 Min(s)  
ED Disposition: Transferred to another hospital  
Date of Decision to Transfer:  
Time of Decision to Transfer:  
Transfer Delay: Yes  
Reason for Transfer Delay: Not Applicable

Back Save Save and Continue

If “Transferred to Another Hospital” is selected in the “ED Disposition” element, four new data elements will appear on the form that will allow you to further explain the details of the transfer.

## ED / Acute Care Screen – ED Discharge Disposition (4)

Demographics	Injury	Pre-Hospital	ED / Acute Care	Initial Assessment	Diagnoses	Comorbidities
--------------	--------	--------------	-----------------	--------------------	-----------	---------------

**▼ Edit Incident » Indiana Trauma Form » IT-130926-205**

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Trauma  
Medical Record  
NT

**ED / Acute Care**

Date Arrived in ED/Acute Care: 09/25/2013  
ED/Hospital Arrival Time: 0200  
Date Discharged from ED: 09/25/2013  
Discharge Time: 0400  
Length of Stay: 0 Day(s) 2 Hour(s) 0 Min(s)  
ED Disposition: Transferred to another hospital  
Date of Decision to Transfer:  
Time of Decision to Transfer:  
Transfer Delay: Yes  
Reason for Transfer Delay: Other  
Other Reason for Transfer Delay:

Back Save Save and Continue

If “Other” is selected in the “Reason for Transfer Delay” element, one new data element will appear on the form that will allow you to further explain why the transfer was delayed.



## Initial Assessment Screen – Edit Vitals

Demographics
Injury
Pre-Hospital
ED / Acute Care
Initial Assessment
Diagnoses

▼ Edit Incident » Indiana Trauma Form » IT-130926-205

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

### Vital Signs

	Date/Time	BP	Pulse Rate	Resp Rate	SpO2
	09/25/13	120/60	40	20	99

Vitals Date: 09/25/2013 Time: (HHmm)

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable

Glasgow Motor: Not Applicable

GCS Qualifier (Up to 3): Not Applicable

Temperature: °C °F

Calc. GCS Manual GCS RTS

Add Vital Sign Save Order Cancel

On the left-hand side of the screen there is an EKG icon that allows you to edit the ED/Hospital vitals. If you change any of the information, click the “Save” button and the screen will refresh and show the updated information in the middle of the screen. Once you have entered sets of vital signs taken, you can change the order of the vital signs by clicking and dragging the black arrows on the left-hand side of the screen.

# Initial Assessment Screen – Alcohol Use Indicator

**Vital Signs**

	Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS
	09/25/13	120/60	40	20	99	15

Vitals Date: 09/25/2013 Time: (HHmm)

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable \* Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3):

Not Applicable

Patient Chemically Sedated

Obstruction to the Patients Eye

Patient Intubated

Temperature: °C °F

Calc. GCS Manual GCS RTS

\* = will be automatically calculated if possible.

Add Vital Sign Save Order Cancel

**Lab**

Alcohol Use Indicator: Yes(confirmed by test [trace levels])

Blood Alcohol Content: mg/dl

If “Yes” is selected in the “Alcohol Use Indicator” element, a new data element will appear on the form that will allow you to numerically enter the patient’s Blood Alcohol Content (BAC).

# Initial Assessment Screen – Drug Use Indicator

Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
40	20	99	15	7.8408		99.00°F

Temperature	Sys. BP	Dia. BP	Pulse Rate	Respiratory Rate	Oxygen Saturation
<input type="text"/> °C <input type="text"/> °F *	<input type="text"/> *	<input type="text"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
Calc. GCS Manual GCS RTS	Supplemental Oxygen		Resp. Assistance		
<input type="text"/> <input type="text"/> *	<input type="text"/> Not Applicable		<input type="text"/> Not Applicable		

\* = will be automatically calculated if possible.

**Add Vital Sign** **Save Order** **Cancel**

Blood Alcohol Content:	Drug Use Indicator:	Drug Screen:
<input type="text"/> mg/dl	<div>No (confirmed by test) No (not tested) <b>Yes (confirmed by test [prescription drug])</b> Yes (confirmed by test [illegal use drug])</div>	<div>Add Drug</div> <div></div>

**Save** **Save and Continue**

If “Yes” is selected in the “Drug Use Indicator” element, a new data element will appear on the form that will allow you to select the drugs present when drug screening was performed in the ED.

## Initial Assessment Screen – Drug Use Indicator (2)

**Add Drugs**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Antidepressants (including Tricyclics)	<input type="checkbox"/> Ethanol	<input type="checkbox"/> Opiates (including Propoxyphene)
<input type="checkbox"/> Barbiturate	<input type="checkbox"/> Marijuana (cannabis)	<input type="checkbox"/> PCP
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Not Known / Not Recorded

Blood Alcohol Content:  mg/dl

Drug Screen:

The “Add Drug” element is where drugs that could be present in the patient’s system are listed. When you click on the “Add Drug” button, it pulls up a list of drugs to choose from. You can select multiple boxes that apply to the patient. When you are done selecting drugs, click the “Save” button to return to the main Initial Assessment Screen.

## Diagnosis Screen – ICD-9 Code

**Diagnosis List**

ICD-9 Code	Diagnosis Name	AIS Code	AIS Description	AIS Version	ISS Region	Order	
817.1	Multiple Fx Hand Open	752001.2	Hand fracture NFS, open	05	Extremity	1	✖
822.0	Fx Patella Closed	854500.2	Patella fracture NFS	05	Extremity	1	✖

ICD-9 Code:

AIS 05 Code:

**Injury-Related Scores**

AIS Based Injury Severity Scores by Diagnosis

ISS Region	Head	Face	Chest	Abdomen	Extremity	External	ISS
Calculated	0	0	0	0	2	0	4
Manual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Age: 27    RTS: 7.8408

✖

✖

?

\* NISS is based on the diagnosis list entered above.

ICD-9 Codes are used to auto-generate additional calculated fields: Abbreviated Injury Scale (6 body regions), Injury Severity Score, Probability of Survival, and the New Injury Severity Score

## Diagnosis Screen – ICD-9 Code Lookup

**Diagnosis List**

	ICD-9 Code	Diagnosis Name	AIS Code	AIS Description	AIS Version	ISS Region	Order	
⬇	817.1	Multiple Fx Hand Open	752001.2	Hand fracture NFS, open	05	Extremity	1	✖
⬇	822.0	Fx Patella Closed	854500.2	Patella fracture NFS	05	Extremity	1	✖

ICD-9 Code:  \* [ICD9 Lookup](#)

AIS 05 Code:  [AIS Lookup](#)

[Add Diagnosis](#) [Save Order](#)

**Injury-Related Scores**

AIS Based Injury Severity Scores by Diagnosis

ISS Region	Head	Face	Chest	Abdomen	Extremity	External	ISS
Calculated	0	0	0	0	2	0	4
Manual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Age: 27    RTS: 7.8408

Probability of Survival: 99.3% \*

Manual Probability of Survival: 99.5% \*

New Injury Severity Score: 8

\* NISS is based on the diagnosis list entered above.

[Save](#) [Save and Continue](#)

The “ICD-9 Code” element is the diagnoses related to all identified injuries. The “ICD9 Lookup” function helps you find an ICD-9 Code.

## Diagnosis Screen – ICD-9 Code Lookup (2)

Trauma Form » IT-130926-205

ICD-9 Code Lookup - Diagnosis

Diagnosis - ICD-9 Code Lookup

Search By | Browse By | Top Selected | ICD-9  
Code | Category | Codes | MATCH

Click the [X] below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
959.01	Head Injury Unspec	979
820.21	Intertrochanteric Fx Closed	855
820.8	Fx Neck Femur Unspec Closed	755
920	Contusion Face/scalp/nck	744
873.0	Open Wound Scalp	575
805.4	Fx Lumbar Vertebra Closed	381
820.09	Fx Femur Intrcaps Oth	381
873.42	Open Wound Forehead	338
808.2	Fx Pubis Closed	328
805.2	Fx Dorsal Vertebra Closed	307
861.21	Lung Contusion Closed	296
922.1	Contusion Chest Wall	282
847.0	Sprain Neck	273
802.0	Nasal Bone Fx Closed	244
860.0	Traumat Pneumothorax Close	242
959.01	Head Injury Unspec	241

Close

The “ICD9 Lookup” function allows you to: 1) Search by code 2) Browse by Category 3) Choose from the Top Selected Codes or 4) ICD-9 Match

When you click on “Top Selected Codes”, you are shown a list of the most frequent ICD-9 Codes used in the Indiana Patient Registry that can help you find the ICD-9 Code you are looking for.

## Diagnosis Screen – ICD-9 Code Lookup (3)

uma Form >> IT-130926-205

ICD-9 Code Lookup - Diagnosis

Diagnosis - ICD-9 Code Lookup

Search By Code | Browse By Category | Top Selected Codes | ICD-9 MATCH

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

**Search By Code**

ICD-9 Code:

Code Type: Injury

Description: contains any

When you click on "Search by Code", you can type in key words to help you find the ICD-9 Code you are looking for.



## Diagnosis Screen – ICD-9 Code Lookup (4)

uma Form » IT-130926-205

ICD-9 Code Lookup - Diagnosis

Diagnosis - ICD-9 Code Lookup

Search By Code | Browse By Category | Top Selected Codes | ICD-9 MATCH

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

**ICD-9 Diagnosis**

Injury And Poisoning

-- Please Select --

Clear Close

When you click on "Browse by Category", you can select from a series of drop-down menus until you find the ICD-9 Code you are looking for.

## Diagnosis Screen – ICD-9 Code Lookup (5)


Trauma Form » IT-130926-205

Trauma Registry #: IT-130926-205

ICD-9 Code Lookup - Diagnosis

Diagnosis - ICD-9 Code Lookup

Search By	Browse By	Top Selected	ICD-9
Code	Category	Codes	MATCH

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description
⚠ No ICD-9 Code found for that criteria.	

1-0 of 0

Close

When you click on “ICD-9 Match”, if you have entered an AIS code but do not know the ICD-9 Code, this tab will help you find the ICD-9 Code you are looking for.

## Diagnosis Screen – AIS Code

**Diagnosis List**

	ICD-9 Code	Diagnosis Name	AIS Code	AIS Description	AIS Version	ISS Region	Order	
↑	817.1	Multiple Fx Hand Open	752001.2	Hand fracture NFS, open	05	Extremity	1	✖
↓	822.0	Fx Patella Closed	854500.2	Patella fracture NFS	05	Extremity	1	✖

ICD-9 Code:  **ICD9 Lookup**

AIS 05 Code:  **AIS Lookup**

**Add Diagnosis** **Save Order**

**Injury-Related Scores**

**AIS Based Injury Severity Scores by Diagnosis**

ISS Region	Head	Face	Chest	Abdomen	Extremity	External	ISS
Calculated	0	0	0	0	2	0	4
Manual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

Age: 27    RTS: 7.8408

Probability of Survival: 99.3% \*

Manual Probability of Survival: 99.5% \*

New Injury Severity Score: 8

\* NISS is based on the diagnosis list entered above.

**Save** **Save and Continue**

The “AIS” element is the Abbreviated Injury Scale predot codes that reflect the patient’s injuries. This is a National Data Element.

The “AIS” element is the Abbreviated Injury Scale predot codes that reflect the patient’s injuries. The “AIS Lookup” function helps you find an AIS Code.

## Diagnosis Screen – AIS Code Lookup

IT-130926-205

Below are AIS Codes that are possible match to the ICD-9 Code specified in the incident form. Click the desired AIS code to populate the Incident Form.

Historical Data Search Codes Browse Codes AIS Matches

AIS 05	Description
No AIS Code found for that criteria.	

Close





The “AIS Lookup” function allows you to: 1) look at Historical Data 2) Search Codes 3) Browse Codes or 4) AIS Matches


When you click on “AIS Matches”, if you have entered an ICD-9 Code but do not know the AIS Code, this tab will help you find the AIS Code you are looking for.


## Diagnosis Screen – AIS Code Lookup (2)

IT-130926-205

Below are AIS Codes previously used for the ICD-9 Code specified in the incident form. Click the desired AIS code to populate the Incident Form.

Historical Data  Search Codes  Browse Codes  AIS Matches 

AIS 05	Frequency	Description
 No AIS Code found for that criteria.		







When you click on “Historical Data”, you can look at AIS codes used previously for the ICD-9 Codes in the incident form.


## Diagnosis Screen – AIS Code Lookup (3)

IT-130926-205

To search for an AIS Code, select desired region or any other criteria and click on the "Search" button. Click the desired AIS code to populate the Incident Form.

Historical Data  Search Codes  Browse Codes  AIS Matches 

AIS05 Code:





Description: begins with 

When you click on "Search Codes", you can type in key words to help you find the AIS Code you are looking for.

## Diagnosis Screen – AIS Code Lookup (4)


IT-130926-205

To browse the AIS Codes below, select the plus icon to open an item and the minus icon to close it. Click the desired AIS code to populate the Incident Form.

Historical Data  Search Codes  Browse Codes  AIS Matches 

- Head (cranium and brain)
- Face (includes Eye and Ear)
- Neck
- Thorax
- Abdomen
- External (Skin) and Thermal Injuries
- Other Trauma
- Spine
- Extremity
- Cerebrum NFS, Hematoma (hemorrhage)  
NFS, Hematoma subdural NFS
- 
- 
- 
- 
- 
- 
- 
- 

AIS 98 Code: N/A  
AIS 05 Code: N/A  
Description: No description available.  
Detailed Description: No detailed description available.



When you click on “Browse Codes”, you can select from a series of folders until you find the AIS Code you are looking for.





## Procedures Screen – ICD-9 Code Lookup (2)

IT-130926-205

ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

Search By Code | Browse By Category | Top Selected Codes

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

**ICD-9 Procedure**

-- Please Select --

Clear Close

The “Lookup” function allows you to: 1) Search by code 2) Browse by Category or 3) Choose from the Top Selected Codes

When you click on “Browse by Category”, you can select from a series of drop-down menus until you find the ICD-9 Code you are looking for.

## Procedures Screen – ICD-9 Code Lookup (3)

IT-130926-205

ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

Search By Code Browse By Category Top Selected Codes

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

**Search By Code**

ICD-9 Code:

Description:  contains any

When you click on "Search by Code", you can type in key words to help you find the ICD-9 Code you are looking for.


## Procedures Screen – ICD-9 Code Lookup (4)

IT-130926-205


ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

Search By Code | Browse By Category | **Top Selected Codes**

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
89.01	Brief Interview & Evaluation	1808
99.29	Inject/infuse Nec	1605
87.03	Cat Scan Head	1521
88.26	Skel X-Ray-Pelvis/hip Nec	1090
38.93	Venous Cath Nec	973
88.38	Other Cat Scan	958
89.52	Electrocardiogram	936
87.49	Chest X-Ray Nec	925
86.59	Skin Closure Nec	836
87.44	Routine Chest X-Ray	686
88.27	Skel X-Ray-Thigh/knee/leg	674
93.54	Application Splint	591
88.23	Skel X-Ray-Wrist & Hand	469
88.01	Cat Scan Abdomen	444
99.04	Packed Cell Transfusion	432
88.21	Skel X-Ray-Shoulder/hip ARM	477

 Close

When you click on “Top Selected Codes”, you are shown a list of the most frequent ICD-9 Codes used in the Indiana Patient Registry that can help you find the ICD-9 Code you are looking for.

# Complication Screen – Hospital Complications

The screenshot displays a web-based medical form titled "Complication Screen – Hospital Complications". At the top, a navigation bar includes tabs for Demographics, Injury, Pre-Hospital, ED / Acute Care, Initial Assessment, Diagnoses, Comorbidity, Procedures, Complications (which is highlighted), and Outcome Information. Below the navigation bar, the main header reads "▼ Edit Incident » Indiana Trauma Form » IT-130926-205" with a green "COM" status indicator on the right. The form is divided into two main sections. The upper section contains patient and incident details: "Validity: 99%", "Status: Completed", "Lock: Unlocked" (with a dropdown arrow), "Import Status: Typed In", "Entered: 09/26/13 by Katie Gatz", "Trauma Registry #: IT-130926-205", "Patient: Smith, JoBeth L", "Medical Record Number: test", "NTR Inclusion: Yes", and "Updated: 11/12/13 by Katherine Gatz". The lower section, titled "Complications", features a sub-header "► Complication (NTDB Complication Definition)" and a message "No Complications Have Been Entered". It includes a dropdown menu with "Cardiovascular" selected, a "Select Complication" dropdown with a red asterisk, and a text area for "Further Explanation/Action:". An "Add Complication" button is positioned below the text area. At the bottom of the form, there are "Back", "Save", and "Save and Continue" buttons. A red arrow points to the "Add Complication" button.

Once you select the general complication, select an option from the additional drop-down menu that defines the complication further. This is a National Data Element.

# Outcome Screen – Primary Method of Payment

Demographics Injury Pre-Hospital ED / Acute Care Initial Assessment Diagnoses Comorbidity Procedures Complications Outcome Information

▼ Edit Incident » Indiana Trauma Form » IT-130926-205 **COMPLETED**

Validity: 99%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 09/26/13 by Katie Gatz

Trauma Registry #: IT-130926-205  
Patient: Smith, JoBeth L.  
Medical Record Number: test  
NTR Inclusion: Yes  
Updated: 11/12/13 by Katherine Gatz

**Discharge Information**

Hospital Admission Date Time  
09/25/2013 0400 (HHmm)  
Hospital Discharge Date Time  
09/26/2013 0830 (HHmm)  
Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)  
Total ICU Days Total Ventilator Days  
0 0

**Disposition**

Hospital Discharge Disposition: Home with no home services

**Financial Information**

Primary Method of Payment: Billed Hospital Charges:  
Other (without "\$" symbol)  
Other Billing Source:  
Secondary Method of Payment: Not Applicable  
Third Method of Payment: Not Applicable

Back Save Save and Continue

If “Other” is selected in the “Primary Method of Payment” element, a new data element will appear on the form that will allow you to textually enter the billing source.

# Outcome Screen – Hospital Discharge Disposition

---

Discharge Information	
Hospital Admission Date	Time
09/25/2013	0400 (HHmm)
Hospital Discharge Date	Time
09/26/2013	0830 (HHmm)
Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)	
Total ICU Days	Total Ventilator Days
0	0

Disposition	
Hospital Discharge Disposition:	Expired
Date/Time Death Occurred:	(HHmm)
Death Circumstance:	Not Applicable
Circumstances of Death:	
Organ Donation:	Not Applicable
Autopsy Performed:	Not Applicable
Advanced Directive:	Not Applicable

Location of Death: Not Applicable

If “Expired” is selected in the “Hospital Discharge Disposition” element, eight new data elements will appear on the form that will allow you to enter additional information regarding the patient’s death.

## Outcome Screen – Hospital Discharge Disposition (2)

**Discharge Information**

Hospital Admission Date Time  
09/25/2013 0400 (HHmm)

Hospital Discharge Date Time  
09/26/2013 0830 (HHmm)

Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)

Total ICU Days Total Ventilator Days  
0 0

**Disposition**

Hospital Discharge Disposition: Expired

Date/Time Death Occurred: (HHmm)

Location of Death: Not Applicable

Death Circumstance: Other

Other Description:

Circumstances of Death:

Organ Donation: Not Applicable

Autopsy Performed: Not Applicable

Advanced Directive: Not Applicable

Back

If “Other” is selected in the “Death Circumstance” element, a new data element will appear on the form that will allow you to textually enter the cause of death.

## Outcome Screen – Hospital Discharge Disposition (3)

Discharge Information	
Hospital Admission Date	Time
09/25/2013	0400 (HHmm)
Hospital Discharge Date	Time
09/26/2013 *	0830 (HHmm) *
Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)	
Total ICU Days	Total Ventilator Days
0 *	0 *

Primary
Medicaid
Seconda
Not Appli
Third Me
Not Appli

Disposition	
Hospital Discharge Disposition:	(acute care hospital) a short-term general hospita... *
Destination Determination:	Not Applicable
Hospital Transferred To:	Favorites -- Select Hospital --
Transport Mode:	Not Applicable

[← Back](#)

If “Acute Care Hospital” is selected in the “Hospital Discharge Disposition” element, three new data elements will appear on the form that will allow you to enter additional information regarding the patient’s death.



## Outcome Screen – Hospital Discharge Disposition (4)

**Discharge Information**

Hospital Admission Date Time  
09/25/2013 0400 (HHmm)

Hospital Discharge Date Time  
09/26/2013 0830 (HHmm) \*

Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)

Total ICU Days Total Ventilator Days  
0 0 \*

**Disposition**

Hospital Discharge Disposition: (acute care hospital) a short-term general hospita... \*

Destination Determination: Not Applicable

Hospital Transferred To: Other...

Facility:

City:

State --Select State--

Transport Mode: Not Applicable

Back

If “Other” is selected in the “Hospital Transferred To” element, three new data elements will appear on the form that will allow you to enter additional information regarding the hospital the patient was transferred to.

## Outcome Screen – Hospital Discharge Disposition (6)

Discharge Information		Final
Hospital Admission Date	Time	Primary
09/25/2013	0400 (HHmm)	Medicaid
Hospital Discharge Date	Time	Second
09/26/2013 *	0830 (HHmm) *	Not Appl
Hospital Length of Stay: 1 Day(s) 4 Hour(s) 30 Min(s)		Third Me
Total ICU Days	Total Ventilator Days	Not Appl
0 *	0 *	

Disposition	
Hospital Discharge Disposition:	Rehabilitation or long-term facility *
Hospital Transferred To:	-- Select Rehabilitation Facility --

[← Back](#)

If “Rehab or Long-Term Facility” is selected in the “Hospital Discharge Disposition” element, a new data element will appear on the form that will allow you to select the name of the facility the patient was transferred to.